

October 9, 2001

Dear Consumers, Families, Area Agencies on Aging, Independent Case Managers, Service Providers and other Interested Parties:

I am pleased to announce the Center for Medicare and Medicaid Services has approved an amendment to Indiana's Medicaid State Plan to add Targeted Case Management and our application for a new Medicaid Waiver for Persons with Developmental Disabilities (DD Waiver). These programs were both effective October 1, 2001.

A great deal of collaboration has taken place among individuals, families, advocates, service providers, the General Assembly and Governor Frank O'Bannon. We have made some exciting changes to the DD Waiver, and I look forward to working with you as we implement them.

For individuals transferring from the ICF/MR Waiver to the new DD Waiver, Plans of Care/Cost Comparison Budgets (POC/CCB) were converted automatically. These plans cover the period from October 1 to the end of the currently approved ICF/MR Waiver plan. As with the other Waivers, Case Managers are to develop new plans when the individuals' annual plans are due or sooner if the individuals' needs so require.

Certified providers of services for the ICF/MR Waiver are being automatically certified as providers of the same services for the DD Waiver with the following exceptions:

- Case Management as a DD Waiver service is being replaced by TCM, and Case Managers are in the process of approval as Targeted Case Managers;
- Case Management Assessment is not a service of the DD Waiver. When needed, assessments may be referred to and completed by the local diagnostic and evaluation (D&E) team and billed to Medicaid; and
- Adult Day Care will become Adult Day Services under the new Waiver.

Two new services have been added to the DD Waiver effective October 1. Transportation will enable individuals to gain access to services and activities as specified in their individual plans. Health Care Coordination will include medical coordination by a nurse to manage the health care of the individual when nursing services are not available through Medicaid Prior Authorization.

Transportation will consist of the following levels:

Level 1 – the individual does not require mechanical assistance to transfer in and out of the vehicle:

- For individuals residing in settings with 24-hour paid supports, the rate will be one unit per month of \$150;
- For individuals residing in settings without 24-hour paid supports, the rate will be \$0.28 per mile, up to a cap of \$150 per month.

Level 2 – the individual requires mechanical assistance to transfer into and out of the vehicle:

- For individuals residing in settings with 24-hour paid supports, the rate will be one unit per month of \$300;
- For individuals residing in settings without 24-hour paid supports, the rate will be \$0.56 per mile, up to a cap of \$300 per month.

The \$150 or \$300 monthly units for transportation are to be included in the Waiver Plan of Care/Cost Comparison Budget for all individuals who reside in settings with 24-hour paid supports. As needed by individuals to gain access to the services and activities specified in their individual plans, the number of miles at the \$0.28 or \$0.56 per mile rates are to be included in the Waiver Plan of Care/Cost Comparison Budgets for those who reside in settings without 24-hour paid supports.

Certified providers of Habilitation services are automatically being certified as providers of Transportation Levels 1 and 2 for the DD Waiver. If an individual receives Habilitation services from more than one provider, the interdisciplinary team will need to determine which agency to designate the Transportation provider. Individual personnel providing Transportation services must meet the requirements specified in the DD Waiver Policy Manual. In the coming months, criteria for additional types of providers of Transportation services will be developed.

Health Care Coordination will consist of the following levels:

Level 1- the individual requires at least weekly consultation/review with RN/LPN with face-to-face visits at least once per month:

- For individuals requiring one face-to-face visit per month, the rate will be one unit per month of \$48.06;
- For individuals requiring at least two face-to face visits per month, the rate will be two units per month of \$48.06.

Level 2 – the individual requires at least twice weekly consultation/review with RN/LPN with face-to-face visits at least once a week:

- For individuals requiring at least one face-to-face visit per week, the rate will be three units per month of \$48.06;
- For individuals requiring at least two face-to-face visits per week, the rate will be four units per month of \$48.06.

Certified providers of DD Waiver services who employ a RN or LPN licensed under IC 25-23-1 may be certified as providers of Health Care Coordination by submitting a written request to the Medicaid Waiver Provider Relations Specialist with a copy of the current license of their RN or LPN. In the coming months, criteria for additional providers of Health Care Coordination services will be developed.

To add either Transportation or Health Care Coordination as a service for an individual on the DD Waiver, the Case Manager will need to complete an Update Plan of Care/ Cost Comparison Budget, obtain the individual's signature and submit it to BDDS for review and approval by the Waiver Specialist. Both services may be effective October 1 as needed by the individual.

We are very pleased and excited about TCM and the new Waiver. As was discussed in our recent training sessions around the State, we will be adding new services and rate structure for the DD Waiver in the coming months. Thank you to all who have worked so hard to develop these changes. I look forward to continuing our partnership as we implement them. Should you have any questions please me at 317/234-1527 or abecker@fssa.state.in.us.

Sincerely,

Alison M. Becker
Director, Fiscal Services